

Applicant's Name: \_\_\_\_\_  
(Last, \_\_\_\_\_ First)

**INFORMATION BELOW TO BE COMPLETED BY THE PERSON PROVIDING THE REFERENCE.**

Reference's Full Name: \_\_\_\_\_

Profession: \_\_\_\_\_

Degree, Professional Certification and/or License: \_\_\_\_\_

Credentialing Organization or Licensing Body: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State/ZIP Code: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_ Email Address: \_\_\_\_\_

If currently credentialed by the ATCB as an ATR, ATR-BC, and/or ATCS, what is your ATCB ID number? \_\_\_\_\_

**Relationship to applicant:**

☐ Art Therapy or Mental Health Educator

☐ Immediate Supervisor

☐ Professional Colleague

☐ Other (specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please describe the context in which you are familiar with the applicant.**

**Competency** - Please inform us of the applicant's competency in art therapy. Include comments about the applicant's ability to assess client needs, implement art therapy services, interact with other professionals, and utilize supervision.

**Professionalism** - Please provide your opinion of the applicant's suitability for the ATR credential.

**Other Comments** - Please provide ATCB with any additional information that will assist us in assessing the applicant's qualifications. Attach additional pages if needed.

*I, the undersigned, do state that the answers given above are true and correct. I agree to provide any additional information requested by ATCB.*

\_\_\_\_\_  
Signature of person providing reference

\_\_\_\_\_  
Date